



Department of State

Division of Charitable Solicitations & Gaming

William R. Snodgrass Tennessee Tower
312 Rosa L. Parks Avenue, 8th Floor
Nashville, TN 37243

(615) 741-2555 / (615) 253-5173 - fax

APPLICATION FOR REGISTRATION OF A PROFESSIONAL SOLICITOR

ALL REGISTRATIONS EXPIRE DECEMBER 31

| | | |
|--|-----------------|---------------|
| INSTRUCTIONS: Type or print your answers. If an answer does not apply, write "N/A." Attach additional sheets if you are unable to answer in the space provided. A nonrefundable registration fee of \$800.00 and a \$25,000 bond, payable to the State of Tennessee, must accompany this application. | OFFICE USE ONLY | |
| | Reg. No. | Date Received |
| | Fee Pd. | |
| | Rec. No. | |

1. A. Name of organization: _____

B. List other names currently or previously used to conduct business: _____

C. Federal Employer Identification Number: _____

2. A. Principal Address: _____
(Street)

(City) (State) (Zip)

B. Mailing Address: _____
(Street)

(City) (State) (Zip)

C. List address of additional offices / places of operation in Tennessee.

D. Contact Name / Address: _____
(name)

(Street) (City/State) (Zip)

(phone) (fax) (email)

3. A. Applicant is and Individual _____ Partnership _____ Corporation _____ Other _____

B. Year organized _____ State _____

4. List corporate officers and directors of corporation or unincorporated association; each partner in the partnership; or owner in sole proprietorship.

| Name | Title | Address | Phone |
|----------|-------|---------|-------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

5. A. List all current contracts to solicit contributions from or within Tennessee between the professional solicitor and charitable organizations. Describe the type of service provided.
(e.g., telemarketing, direct mail, Internet, etc.)

1. Name / Address: _____
Type of service: _____
2. Name / Address: _____
Type of Service: _____
3. Name / Address: _____
Type of service: _____
4. Name / Address: _____
Type of service: _____

B. Attach a copy of the contract(s) with those listed in 5A, signed by two (2) officials of the charitable organization and one (1) officer of the professional solicitor's organization.

6. Are any individuals, partners, officers, directors, or managing agents affiliated with, controlled by, or have control over, directly or indirectly, any nonprofit organization listed in #5 above?
Yes _____ No _____

If yes, list the name of the individual, partner, officer and the controlled organization.

7. List the name(s) and address(es) of third parties (e.g., "cagers") who will have custody and control over funds solicited during the campaign: _____

8. List the other states where applicant solicits contributions: _____

9. A. Has the applicant: (1) had any license, registration, or permit revoked or denied or (2) been enjoined or prohibited from soliciting contributions? If "yes", describe the action, date, and place of the action: _____

- B. Has anyone recovered from any of the applicant's surety bonds? Yes _____ No _____.
If "yes", give the name, date, State, and amount recovered: _____

10. Have any individual owners, partners, or corporate officers been convicted of a felony?
Yes ____ No _____. If "yes", list the name, criminal offense, date, and place of the conviction: _____

SIGNATURE SECTION

I certify that the above statements and all continuation sheets are true and accurate.

Signature of Owner / Authorized Officer

Print Name

Title

Date

Notary Seal

Sworn to and Subscribed before me at:

City / State

This _____ day of _____, 200 ____.

Notary Signature

My commission expires: _____